

DECEMBER 1994

IMPORT HEALTH REQUIREMENTS OF ARGENTINA FOR
BOVINE SEMEN EXPORTED FROM THE UNITED STATES

The semen must be accompanied by a U.S. Origin Health Certificate issued by a veterinarian authorized by the U.S. Department of Agriculture (USDA) and endorsed by a Veterinary Services (VS) veterinarian. The certificate shall contain the name and address of both the consignor and consignee and complete identification of the semen to be exported. Additional information shall include:

CERTIFICATION STATEMENTS

1. During the past 8 years, the United States has been free of bovine spongiform encephalopathy (BSE).
2. For at least 3 years, the United States has been free of lumpy skin disease, Rift Valley fever, foot-and-mouth disease, and rinderpest.
3. At the time of semen collection, the donor bulls were free from clinical evidence of infectious and parasitic disease, including bluetongue, vesicular stomatitis, malignant catarrhal fever, infectious bovine rhinotracheitis (IBR), pseudorabies, parainfluenza-3, paratuberculosis, and enzootic bovine leukosis.
4. The artificial insemination (AI) center and/or the farm of origin from which the semen originated, has been clinically free of the above mentioned diseases during the 12 months prior to semen collection.
5. The donor bull is free of evidence of clinical signs of bovine leukosis and the semen for export is free of any blood cells.

TEST REQUIREMENTS

The donor bulls were negative to the following tests within the 6 months prior to semen collection:

1. Brucellosis: Standard tube OR Standard plate test at the 1:50 dilution; OR complement fixation (CF) test at a dilution of 1:10.
2. Tuberculosis: Intradermal caudal fold test using bovine PPD tuberculin.
3. Leptospirosis: Microtiter agglutination test, at the 1:400 dilution for serotypes *L. canicola*, *L. grippityphosa*, *L. hardjo*, *L. pomona*, and *L. icterohaemorrhagiae*.
4. Trichomoniasis: (a) Bulls under 12 months of age: three (3) cultures of preputial smegma collected at weekly intervals.

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- (b) Bulls over 12 months of age: six (6) cultures of preputial smegma collected at weekly intervals.
- (c) Bulls that are permanent residents at an AI center that have not had natural service, shall be checked by one culture examination once each 6 months.
- (d) Bulls that do not comply with item c above shall meet requirements of a or b above.
5. Vibriosis/Campylobacteriosis: Samples of preputial smegma from donor bulls shall be submitted to either a culture OR fluorescent antibody test according to the following schedule:
 - (a) Bulls under 12 months of age: three (3) cultures OR fluorescent antibody tests of preputial smegma collected at weekly intervals.

- (b) Bulls over 12 months of age: 6 culture OR fluorescent antibody tests of preputial smegma collected at weekly intervals.
 - (c) Bulls that are permanent residents at an AI center that have not had natural service, and that are currently producing semen shall be checked by one culture and/or fluorescent antibody test once each 6 months.
 - (d) Bulls that do not comply with item c above shall be submitted to the tests in a or b above depending on age.
6. Bovine Leukosis: Certification that the donor bull is free of any clinical evidence of the disease and that the semen for export is free of any blood cells. (See certification statement No. 3).
 7. Paratuberculosis: (a) Intradermal caudal fold (Johnin) test; OR
(b) CF test at 1:8 dilution; OR
(c) fecal culture test (every 12 months).
 8. Bluetongue: (a) Agar gel immunodiffusion (AGID) test; OR
(b) CF test at 1:5 dilution; OR
(c) cELISA test.
 9. IBR: (a) SN test at 1:8 dilution; OR
(b) AGID test; OR
(c) negative semen culture test negative of an aliquot of the ejaculate exported if the donor is positive to either a or b above.

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10. Vesicular stomatitis: (a) SN test at 1:8 dilution; OR
(b) ELISA test.

OTHER INFORMATION

1. All donor bulls entering an AI center must be isolated for 45 days before being taken to the permanent installations of the center to collect semen. This time can be utilized to perform the required tests.
2. If a donor bull remains in the AI center continuously, it must be tested every 6 months for all the diseases mentioned under test requirements above, except for the paratuberculosis fecal culture test which can be conducted once every 12 months.
3. The donor bull must not be removed from the center for at least 45 days after the last collection of semen for exportation to Argentina. During this time it must be observed for clinical evidence of disease.
4. Note 1: Brokers and exporters should be aware that custom and animal health officials in Argentina require that health certificates be bilingual (Spanish and English) or be translated into Spanish at the time of presentation. Area Offices, however, should not refuse to endorse health certificates presented in English only.
5. Note 2: Brokers and exporters should be aware that animal health officials in Argentina will randomly inspect shipping containers (canisters) to verify that the contents of such containers carry what the documentation say they carry.
6. The attached bilingual health certificate (APPENDIX I) may be used for exporting bovine semen to Argentina.
7. APPENDIX II - Qualitative Technical Information Form for frozen bovine semen exported to Argentina is provided for convenience to exporters. While Argentina requests such information, it does not need to (and should not) be verified or

endorsed by the Area Office.

8. Frequently, the virus isolation test for IBR will be conducted at a date subsequent to the collection date. Therefore, to minimize any misunderstanding or confusion at the port of entry, a clarification may need to be made between the test date and the semen collection date.

APPENDIX I

HEALTH CERTIFICATE (*CERTIFICADO DE SALUD*)
BOVINE SEMEN (*SEMEN BOVINO*)

Part A: IDENTIFICATION
IDENTIFICACION

1. Species and Commodity: BOVINE SEMEN
Producto
2. Exporting Country: UNITED STATES OF AMERICA
País exportador
3. Country of destination: ARGENTINA
País de destino
4. Issuing Authority: UNITED STATES DEPARTMENT OF AGRICULTURE
Autoridad responsable
5. Donor Identification: **
Identificación del donante

Registered Name (<i>Nombre de registro</i>)	ID ¹	Breed (<i>Raza</i>)	No. of straws (<i>Número de pajillas</i>)	Collection date (<i>fecha de colección</i>)	Straw ID (<i>Identificación de la pajilla</i>)
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1. Registration number, ear tag, tattoo, or other official identification.
Numero de registro, arete, tatuaje, u otra identificacion oficial

**Attach additional pages as needed

6. Consignment Description:
Descripción de la consignación

- a) Total number of straws: _____
Número de pajillas

7. Origin of the Semen:
Origen del semen

a) Name of exporter or center: _____
Nombre del exportador ó del centro de inseminación

Address: _____
Dirección

b)

8. Destination of the Semen:
Destinación del semen

a) Name of Consignee: _____
Nombre del consignatario

b) Address: _____
Dirección

Part B: **HEALTH REQUIREMENTS**
REQUISITOS SANITARIOS

Donor bull identification:
Identificación del toro donante:

<u>Name/ Nombre</u>	<u>Identification/ Identificación</u>
_____	_____
_____	_____
_____	_____

TESTING (PRUEBAS)

The donor bulls were negative to the following tests within 6 months prior to semen collection.
Los toros donantes tuvieron resultados negativos a las siguientes pruebas dentro de los seis meses anteriores a la colección del semen.

<u>DISEASE/ Enfermedad</u>	<u>TEST/ Prueba</u>	<u>DATE/ Fecha</u>
1. Tuberculosis:	Intradermal skin test in caudal fold using PPD tuberculin <i>Prueba intradérmica con tuberculina PPD</i>	_____
2. Brucellosis:	SPT or STT at the 1:50 dilution, OR complement fixation (CF) test (1:8) <i>Prueba de tubo ó placa a dilución (1:50) ó prueba de fijación de complemento</i>	_____ _____
3. Bluetongue: AGID; <i>Lengua azul</i>	OR cELISA; OR CF test	_____ _____
4. Trichomoniasis:	culture of preputial smegma <i>cultivo de esmegma prepucial</i>	_____
5. Vibriosis:	Culture of preputial smegma, OR <i>Cultivo de esmegma prepucial, ó</i> Fluorescent antibody test	_____ _____

Prueba fluorescente de anticuerpos

6. Paratuberculosis:CF (1:8);
 fijación de complemento _____
 OR intradermal johnin _____
 ó prueba intradérmica johnina _____
 OR fecal culture _____
 ó cultivo fecal _____
7. Leptospirosis: Microtiter agglutination test, at the 1:400 dilution for serotypes L. canicola, L. grippityphosa, L. hardjo, L. pomona, and L. icterohaemorrhagiae.
Prueba de aglutinación de microtítulo, a una dilución de 1:400 para los serotipos L. canícola, L. grippityfosa, L. hardjo, L. pomona, y L. icterohaemorrhagica. _____
8. Infectious Bovine Rhinotracheitis *seroneutralización (a 1:8);* _____
AGID test; OR
prueba en agar; _____
*semen culture*². _____
ó cultivo del semen _____
9. Vesicular stomatitis: SN (at 1:8); _____
Estomatitis vesicular seroneutralización (a 1:8); _____
OR ELISA _____
ó ELISA. _____

²Note: Although the test date may be different from the collection date, the semen culture was conducted on a sample of the ejaculate for export to Argentina. n
Nota para SENASA: Aunque la fecha de esta prueba pueda ser diferente a la fecha de colección, la prueba de cultivo del semen fue hecha a base de una muestra del semen colectada para exportación a Argentina. e n

NO. _____

(VALID ONLY WITH USDA SEAL)

CERTIFICATION
CERTIFICACIONES

1. During the past 8 years, the United States has been free of bovine spongiform encephalopathy (BSE).

Los Estados Unidos es país libre de encefalopatía espongiforme bovina (BSE), y dicha enfermedad no ha ocurrido en el país durante los últimos ocho años.

2. The United States is free of rinderpest, lumpy skin disease, Rift Valley fever, foot-and-mouth disease (all serotypes).

Los Estados Unidos es país oficialmente libre de Peste Bovina, Fiebre del Valle del Rift, dermatosis nodular contagiosa, y fiebre aftosa (todo serotipo).

3. At the time of semen collection, the donor bulls were free from clinical evidence of infectious and parasitic disease, including bluetongue, vesicular stomatitis, malignant catarrhal fever, infectious bovine rhinotracheitis (IBR), pseudorabies, parainfluenza-3, paratuberculosis, and enzootic bovine leukosis.

En el momento de la colección, los toros donantes estaban libres de evidencia clínica de enfermedades infecciosas y parasíticas, incluyendo lengua azul, estomatitis vesicular, fiebre catarral maligna, rinotraqueítis infecciosa bovina, pseudorabia (Aujeskys), parainfluenza-3, paratuberculosis, y leucosis enzoótica bovina.

4. The artificial insemination (AI) center and/or the farm of origin from which the semen originated, has been clinically free of the above mentioned diseases during the 12 months prior to semen collection.

El centro de inseminación artificial y/o el rodeo de procedencia del dador no se ha verificado la existencia de evidencias clínicas de ninguna de las enfermedades precedentemente citadas durante los 12 meses anteriores a la colección del semen.

5. The donor bull is free of evidence of clinical signs of bovine leukosis and the semen for export is free of any blood cells.

El toro donante está libre de evidencia de síntomas clínicos de leucosis bovina y el semen de exportación está libre de toda célula sanguínea.

CERTIFICATE NO. _____
(VALID ONLY WITH USDA SEAL)

FEDERAL ENDORSEMENT
AUTORIZACION FEDERAL

_____	_____	Type or
Print - Name and Address	Type or	Print - Name of Endorsing
of Issuing Accredited Veterinarian	Federal Veterinarian	Federal Veterinarian
<i>Nombre y direccion del veterinario</i>	<i>Nombre del Veterinario Federal</i>	

Date issued and signature of
Accredited Veterinarian
Fecha y firma del veterinario

(Valid only if USDA seal appears
over signature)

(_____)_____
Date Endorsed and Signature -
Endorsing Federal Veterinarian

Fecha y firma del Veterinario Federal acreditado

(Válido únicamente con sello de
la USDA).

APPENDIX II

QUALITATIVE TECHNICAL INFORMATION OF SHIPMENT OF FROZEN SEMEN TO ARGENTINA

We hereby certify that:

The samples contained in this shipment to: ARGENTINA

are from the _____ (breed),

_____ (sire),

_____ (bull name),

_____ (Registration No.).

A.I. Center: _____

1. Semen collection date: _____

2. Type of packaging: _____

3. Extender used: _____

4. Components (a detail of all components per mililitre of frozen semen):

5. Progressive sperm (% motility): _____

A. prefreeze: _____

B. post-freeze: _____

6. Rate of dilution: _____

7. Number of live sperm per unit: _____

A. prefreeze: _____

B. post-freeze: _____

8. Breeding efficiency (60-90 day): _____

I, THE UNDERSIGNED VETERINARIAN, DECLARE ALL OF THE INFORMATION PRESENTED ON THIS DOCUMENT TO BE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature _____ Date